

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000103922

1. Entity Name  
STRATEGIC SOLUTIONS, LLC



Principal Place of Business  
1429 HIGHLAND DRIVE  
TALLAHASSEE, FL 32317

Mailing Address  
P.O. BOX 12563  
TALLAHASSEE, FL 32317

*BK*

**FILED**  
08 MAR 31 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR 71-1014391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKINSON, BRENDA D  
1429 HIGHLAND DRIVE  
TALLAHASSEE, FL 32317

*BK*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

*Brenda D Dickinson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-28-08

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME DICKINSON, BRENDA D  
STREET ADDRESS 1429 HIGHLAND DRIVE 1427 PINE ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32317 32303

TITLE ☐ Change ☐ Addition  
NAME 300121681983  
STREET ADDRESS 03/31/08--01006--013 \*\*138.75  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME DICKINSON, MARK C  
STREET ADDRESS 3337 BUFFALO TRAIL  
CITY-ST-ZIP FLOYDS KNOBS, IN 47119

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Brenda D Dickinson*

3-28-08

850-264-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #